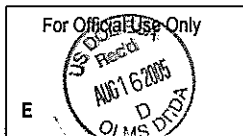


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7421</u>	2. Fiscal Year Covered From: <div>1 / 1 / 2004 Through: 12 / 31 / 2004</div>
3. Name and address of person filing. Name <u>GEORGE</u> <u>GRESHAM</u> P.O. Box, Bldg., Room No., if any Street <u>310 W. 43rd STREET</u> City <u>NEW YORK</u> State <u>New York</u> ZIP Code + 4 <u>10036</u>	4. Name, file number, and address of labor organization. Name <u>NEW YORK'S HEALTH&HUMAN SERVICE UNION 1199SEIU</u> Labor Organization File Number <u>031-847</u> P.O. Box, Building and Room Number, if any Street <u>310 W. 43rd STREET</u> City <u>NEW YORK</u> State <u>New York</u> ZIP Code + 4 <u>10036-6407</u>
5. Position in labor organization. <u>SECRETARY-TREASURER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>08/10/05</u> Date	<u>212-261-2339</u> Telephone Number

Name of Person Filing GEORGE GRESHAM	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text" value="1199 NATIONAL BENEFIT FUND*"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text" value="330 W. 42nd STREET"/></p> <p>City <input style="width: 80%;" type="text" value="NEW YORK"/></p> <p>State <input style="width: 20%;" type="text" value="New York"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>PROVIDING VARIOUS HEALTH AND WELFARE BENEFITS TO EMPLOYEES COVERED BY 1199'S COLLECTIVE BARGAINING AGREEMENTS.</p> <p>*THE 1199 NATIONAL BENEFIT FUND IS THE PAYING AGENT FOR TRUSTEE CONFERENCES AND MEETINGS FOR SEVERAL FUNDS.</p> </div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 80%;" type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>AS A TRUSTEE OF THE 1199 NATIONAL BENEFIT FUND AND VARIOUS RELATED FUNDS, I ATTENDED A CONFERENCE AND A TRUSTEES MEETING FOR WHICH I RECEIVED TRAVEL, LODGING, MEALS AND OTHER CONFERENCE-RELATED EXPENSES.</p> </div> <p>12.b. Amount. <input style="width: 80%;" type="text" value="\$3,404"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text" value="CITIBANK"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text" value="201 W. 34 STREET"/></p> <p>City <input style="width: 80%;" type="text" value="NEW YORK CITY"/></p> <p>State <input style="width: 20%;" type="text" value="New York"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="10001"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>TICKETS RECEIVED AS GIFT IN THE AMOUNT ESTIMATED BELOW.</p> </div>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input style="width: 80%;" type="text" value="\$300"/></p>

Name of Person Filing GEORGE GRESHAM	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name HOSPITAL LEAGUE/1199 TRAINING&UPGRADING FUND</p> <p>Trade Name, if any: <input style="width: 150px;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 150px;" type="text"/></p> <p>Street 330 W. 42ND STREET</p> <p>City NEW YORK</p> <p>State New York ZIP Code + 4 10036</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 150px;" type="text"/></p> <p>Trade Name, if any: <input style="width: 150px;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 150px;" type="text"/></p> <p>Street <input style="width: 150px;" type="text"/></p> <p>City <input style="width: 150px;" type="text"/></p> <p>State <input style="width: 150px;" type="text"/> ZIP Code + 4 <input style="width: 150px;" type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>PROVIDING VARIOUS JOB TRAINING AND UPGRADING BENEFITS TO EMPLOYEES COVERED BY 1199'S COLLECTIVE BARGAINING AGREEMENTS.</p> </div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 100px;" type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>AS A TRUSTEE FOR THE HOSPITAL LEAGUE/1199 TRAINING & UPGRADING FUND, THE 1199 HOSPITAL LEAGUE HEALTH CARE INDUSTRY PLANNING AND PLACEMENT FUND AND THE 1199 JOB SECURITY FUND, I ATTENDED A TRUSTEES MEETING FOR WHICH I RECEIVED EXPENSES FOR LODGING & MEALS</p> </div> <p>12.b. Amount. <input style="width: 100px;" type="text"/> \$467</p>

Name of Person Filing GEORGE GRESHAM

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name MEYER SUOZZI ENGLISH & KLEIN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1505 KELLUM PLACE

City MINEOLA

State New York ZIP Code + 4 11501

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

ATTORNEYS FOR UNION

11.b. Approximate dollar value of such dealing.

\$609,020

12.a. Nature of interest held or income received.

TICKETS RECEIVED AS GIFT IN THE AMOUNT ESTIMATED BELOW

12.b. Amount.

\$150

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name GLOBAL STRATEGY GROUP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 895 BROADWAY

City NEW YORK CITY

State New York ZIP Code + 4 10003

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PROVIDES CONSULTING SERVICES

11.b. Approximate dollar value of such dealing.

\$125,500

12.a. Nature of interest held or income received.

TICKETS RECEIVED AS GIFT IN THE AMOUNT ESTIMATED BELOW.

12.b. Amount.

\$150

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LOEB & LOEB, LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 345 PARK AVENUE

City NEW YORK CITY

State New York

ZIP Code + 4 10154-0037

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

TAX CONSULTANTS

11.b. Approximate dollar value of such dealing.

\$23,700

12.a. Nature of interest held or income received.

TICKETS RECEIVED AS GIFT IN THE AMOUNT ESTIMATED BELOW.

12.b. Amount.

\$150

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name DORAL ARROWWOOD

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street ANDERSON HILL ROAD

City RYE BROOK

State New York ZIP Code + 4 10573

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

HOTEL VENDOR

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

2 ROOM VOUCHERS/FRUIT BASKET

12.b. Amount.

\$368